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APPLICANTS

Timothy E. Hoglund, Colorado Springs, CO; *DG*

Coralyn S. Gauvin, Colorado Springs, CO;

** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none DG*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *DG*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DG</i>				
Verified and Acknowledged Examiner's Signature <i>DG</i> Initials				

ADDRESS

LSI Logic Corporation
 Corporate Legal Department, M/S D-106
 Intellectual Property Services Group
 1551 McCarthy Boulevard
 Milpitas, CA
 95035

TITLE

Mapping test mux structure

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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